

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1214SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2010
NAME OF PROVIDER OR SUPPLIER VEGAS VALLEY REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 27469 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 2/4/10 and finalized on 02/05/10 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024395 was substantiated with deficiencies cited. (See Tag Z230) Complaint #NV00023983 was unsubstantiated. Complaint #NV00024406 was unsubstantiated. Complaint #NV00023988 was unsubstantiated. Complaint #NV00024307 was substantiated with deficiencies cited. (See Tag Z290)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Z 000		
Z230 SS=D	<p>NAC 449.74469 Standards of Care</p> <p>A facility for skilled nursing shall provide to each</p>	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z230	Continued From page 1 patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Surveyor: 27469 Based on interview, record review and document review, the facility failed to provide protective supervision to 1 of 9 residents (Resident #1). Severity: 2 Scope: 1	Z230		
Z290 SS=D	NAC 449.74487 Nutritional Health; Hydration 1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that: (a) The nutritional health of the patient is maintained, including, without limitation, the maintenance of his weight and levels of protein, unless the nutritional health of the patient cannot be maintained because of his medical condition. (b) The patient receives a therapeutic diet if such a diet is required by the patient. This Regulation is not met as evidenced by: Surveyor: 28849 Based on interview and record review, it was determined that the facility failed to conduct a timely dietary assessment in accordance with the facility policy for 1 of 9 residents (Resident #8). Severity: 2 Scope: 1	Z290		

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